



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/801,424	
	Filing Date	March 16, 2004	
	First Named Inventor	Hu, et al.	
	Art Unit	1793	
	Examiner Name	Brunsmann, David M.	
Total Number of Pages in This Submission	4	Attorney Docket Number	W9570-01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (2x *) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (2x *)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CID, Number of CD(s) _____	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CID	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Return Receipt Postcard
Remarks		

* 2x = Duplicate Copies

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	W R Grace & Co.-Corp		
Signature			
Printed name	Charles A. Cross		
Date	December 17, 2008	Reg. No.	32406

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Angela M. Porrovcchio	Date	December 17, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.